

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **H34554 (6)**
1. Corporation Name
SHERWOOD FOREST TRAVEL TRAILER PARK, INC.



Principal Place of Business: **251 U.S. ALT. 19 NORTH PALM HARBOR FL 34683**
Mailing Address: **251 U.S. ALT. 19 NORTH PALM HARBOR FL 34683**

3. Date incorporated or Qualified: **12/18/1984** 3a. Date of Last Report: **04/24/1995**
4. FEI Number: **59-2473553** Applied For: Not Applicable
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: 21 Suite, Apt. #, etc.: 22 City & State: 23 Zip: 24 Country: 25
2a. Mailing Address: 26 Suite, Apt. #, etc.: 27 City & State: 28 Zip: 29 Country: 30

9. Name and Address of Current Registered Agent

**CALHOUN, KATHY
265 ALT. 19 N.
PALM HARBOR FL 33563**

10. Name and Address of New Registered Agent

81 Name: 82 Street Address (P.O. Box Number is Not Acceptable): 83 City: 84 City: **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and the if applicable: _____ DATE: _____
NOTE: Registered Agent signature required when reinstating

12. OFFICERS AND DIRECTORS

TITLE	DS	<input type="checkbox"/> DELETE
NAME	SNYDER, SHIRLEY A.	
STREET ADDRESS	4731 FOREST MANOR DRIVE	
CITY - ST - ZIP	WINSTON SALEM NC	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	SNYDER, SHIRLEY A.	
STREET ADDRESS	4731 FOREST MANOR DR	
CITY - ST - ZIP	WINSTON SALEM NC	
TITLE	DPT	<input type="checkbox"/> DELETE
NAME	CALHOUN, KATHY	
STREET ADDRESS	265 ALT. 19 N.	
CITY - ST - ZIP	PALM HARBOR FL	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	Donald M. Calhoun	
STREET ADDRESS	265 US Alt Hwy 19	
CITY - ST - ZIP	Palm Harbor Fl 34683	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

Change Addition

000001838840
-05/24/96--01070--008
***200.00

Change Addition

DS DONALD M. CALHOUN
265 US ALT 19
PALM HARBOR FL 34683

Change Addition

Change Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Kathy Calhoun*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: _____ Filing Period: **5-1-96**

CR2E034 (12/95)